

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/519173
APPLICANT(S)

CLAIMS

AS FILED
AFTER
1st AMENDMENT
AFTER
2nd AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND. 5
TOTAL DEP. 45
TOTAL 50
SPECIAL 115

AS FILED
AFTER
1st AMENDMENT
AFTER
2nd AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						

TOTAL IND. 3
TOTAL DEP. 47
TOTAL 50
SPECIAL 115